



STATE AND SCHOOL
EMPLOYEES'

Life AND Health

P L A N

Know Your Benefits

MAKE YOUR HEALTH BENEFITS WORK FOR YOU

“Know Your Benefits” by Using The *Plan Document*

The 2005 *Plan Document* (PD) was mailed to employees in December 2004. The PD describes your benefits and rights under the Plan. It contains information about covered services, non-covered services, services that require certification, and other information about your coverage. It tells you how to file a claim, add a dependent, get an early refill on your prescription, appeal a denied claim, and other procedures you may need to know. If you do not have the 2005 PD, you can contact your employer or Blue Cross and Blue Shield of Mississippi to receive a copy.

Save on Prescription Drugs

When your doctor prescribes a medicine for you, ask your doctor if a generic drug is appropriate for your condition. Brand name drugs tend to be more expensive than generic. Plus, you pay a lower co-payment when you buy generic drugs.

Ask your doctor for samples. This is especially important when you try a drug you have never used before. A sample may let you know whether the drug works for you before you purchase a full month's supply.

Try over-the-counter drugs, when appropriate. Many medications that used to be dispensed by prescription only are now available over-the-counter. For example, Prilosec no longer needs a prescription. This is true for some allergy medications, too.

Update Your Coverage When Your Family Status Changes

Marriage, divorce, childbirth or adoption, a dependent leaving school, or the death of a spouse or other dependent are some life events that may mean a need to change your health coverage. You or your dependents may be eligible to enroll in the Plan during a special enrollment period. Refer to your 2005 PD for information regarding adding or dropping dependents.

Managing Your Claims

Always keep copies of receipts, Explanation of Benefits (EOB) forms, and any correspondence related to your medical care. Verify that the amount you paid to the health care provider matches the amount on your EOB. If you have overpaid a provider, ask for a refund. If you receive an EOB asking for additional information, be sure to send the information requested as soon as possible. If you think a claim was denied in error, appeal the denial. Your *Plan Document* outlines how to file an appeal.

Plan For Retirement

Before you retire, review your health insurance options. If you want to keep coverage under the Plan as a retiree, you should apply for retiree coverage at least 31 days prior to retirement. If you do not apply for retiree coverage within 31 days after your retirement date, you will not be eligible to continue coverage under the Plan as a retiree. You must complete a health insurance Application for Coverage form and a life insurance Enrollment/Change Request Form (you can only continue health and/or life insurance coverage if you had the coverage as an active employee). Refer to the 2005 PD for more information about applying for coverage as a retiree.

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2005 High Deductible Health Plan Rates

The following charts include important rate increase information that affects all Plan participants – active employees, dependents, retirees, and COBRA participants. It is important that you compare the premium amount deducted from your check to the chart below to be sure you are paying the correct premium. These premiums will become effective July 1, 2005. The State continues to pay 100% of the active employee's premium, and will pay 100% of the premium increase for active employees in FY2006.

ACTIVE EMPLOYEES	Total Premium	Employee Cost
Employee Only	\$305	0
Plus Spouse	\$594	\$289
Plus Spouse and Children	\$746	\$441
Plus Child	\$383	\$78
Plus Children	\$498	\$193
Plus Spouse and Children with High Option	\$766	\$461
Plus Child and High Option	\$403	\$98
Plus Children and High Option	\$518	\$213

RETIREES	Not Medicare Eligible	Not Medicare Eligible AND Married to an Active Employee
Retiree Only	\$315	\$289
Plus Spouse (Not Medicare Eligible)	\$683	N/A
Plus Child	\$429	\$403
Plus Children	\$544	\$518
Plus Spouse and Child(ren) (No Dependents Medicare Eligible)	\$858	N/A
Plus Child with High Option	\$449	\$423
Plus Children with High Option	\$564	\$538
Plus Spouse and Child(ren) (No Dependents Medicare Eligible) with High Option	\$878	N/A

COBRA PARTICIPANTS	Participant Cost	Disability Extension
Participant Only	\$311	\$457
Plus Spouse	\$605	\$891
Plus Spouse and Children	\$760	\$1,119
Plus Child	\$390	\$574
Plus Children	\$507	\$747
Plus Spouse and Children with High Option	\$781	\$1,149
Plus Child and High Option	\$411	\$604
Plus Children and High Option	\$528	\$777
Participant with High Option	\$331	\$487

Know Your Benefits

2005 Standard Plan Rates

The following charts include important rate increase information that affects all Plan participants – active employees, dependents, retirees, and COBRA participants. It is important that you compare the premium amount deducted from your check to the chart below to be sure you are paying the correct premium. These premiums will become effective July 1, 2005. The State continues to pay 100% of the active employee's premium, and will pay 100% of the premium increase for active employees in FY2006.

ACTIVE EMPLOYEES	Total Premium	Employee Cost
Employee Only	\$305	0
Plus Spouse	\$630	\$325
Plus Spouse and Children	\$782	\$477
Plus Child	\$419	\$114
Plus Children	\$534	\$229
Plus Spouse and Children with High Option	\$802	\$497
Plus Child and High Option	\$439	\$134
Plus Children and High Option	\$554	\$249

RETIREES	Not Medicare Eligible	Medicare Eligible	Not Medicare Eligible AND Married to an Active Employee
Retiree Only	\$351	\$220	\$325
Plus Spouse (Medicare Eligible)	\$571	\$440	N/A
Plus Spouse (Not Medicare Eligible)	\$725	\$594	N/A
Plus Child	\$465	\$334	\$439
Plus Children	\$580	\$449	\$554
Plus Spouse and Child(ren) (One or more dependents Medicare Eligible)	\$683	\$552	N/A
Plus Spouse and Child(ren) (No Dependents Medicare Eligible)	\$900	\$769	N/A
Plus Child with High Option	\$485	\$354	\$459
Plus Children with High Option	\$600	\$469	\$574
Plus Spouse and Child(ren) (One or more dependents Medicare Eligible) with High Option	\$703	\$572	N/A
Plus Spouse and Child(ren) (No Dependents Medicare Eligible) with High Option	\$920	\$789	N/A

COBRA PARTICIPANTS	Participant Cost	Disability Extension
Participant Only	\$311	\$457
Plus Spouse	\$642	\$945
Plus Spouse and Children	\$797	\$1,173
Plus Child	\$427	\$628
Plus Children	\$544	\$801
Plus Spouse and Children with High Option	\$818	\$1,203
Plus Child and High Option	\$447	\$658
Plus Children and High Option	\$565	\$831
Participant with High Option	\$331	\$487

Know Your Benefits

Protecting Your Privacy with New Numbers – New Cards

The Office of Insurance, Blue Cross & Blue Shield of Mississippi (BCBS), and Caremark want to protect your personal information. Businesses are moving away from the use of the Social Security number to identify customers. BCBS has also replaced the Social Security number on your identification (ID) card with a new number provided just to you. Giving individuals this type of new identification number is how most businesses are protecting the confidentiality of their customers' information. We agree that this is the best way to protect you.

BCBS has begun producing ID cards with this new number for Plan participants. Those same numbers are provided to Caremark for your prescription drug ID card. By now, you should have received your new ID cards. You should use these new ID cards when receiving health care services. Be sure to give all of your health care providers your new identification number.

This change does not affect benefits in any way and is being made solely for your protection. If you have not received your new health insurance ID card, or if you have any questions, you may contact the BCBS Customer Service Department at 1-800-709-7881. If you have not received your new pharmacy ID card, you may contact Caremark at 1-800-391-6437.

Finding a Network Provider is Easy!



Finding a network provider is just a click away! The most current information on AHS State Network providers is linked to our web site.

Just follow these simple steps:

1. Go to **<http://knowyourbenefits.dfa.state.ms.us>**
2. On the home page, click on *Find a Participating Provider*
3. Select a Provider type

You can enter your ZIP code to find the provider nearest you. You may also search by typing in a last name, a city, or a county. Click on the Search button to see a list of results.